

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN72AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/15/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>AQUARIUS GRP CARE HOME INC #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>590 STEWART ST RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for five Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 172 SS=F	449.209(2) Health and Sanitation-Outside garbage  NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility.  This Regulation is not met as evidenced by: Based on observation, and interview on 9/15/09, the facility failed to ensure 1 of 1 garbage containers were covered to prevent rodents from	Y 172		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 172	Continued From page 1  gaining access to the facility's garbage.  Severity: 2 Scope: 3	Y 172		
Y 177 SS=C	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.  This Regulation is not met as evidenced by: Based on observation and interview, the facility was not kept free on accumulation of dirt and dust on the window sills and ledges of 3 of 4 resident bedrooms and the only resident bathroom.  Severity: 1 Scope: 3	Y 177		
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by:	Y 178		

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Y 178	Continued From page 2  Based on observations on 9/15/09, the administrator failed to ensure the landscaping in the back yard was free of debris (falling fruit which attracts pests).  Severity: 2 Scope: 1	Y 178		
Y 179 SS=E	449.209(6) Health and Sanitation-Screens  NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.  This Regulation is not met as evidenced by: Based on observation on 9/15/09, the facility failed to provide screens on the 2 of 6 windows for resident rooms and the resident bathroom on the main floor to prevent the entry of insects.  Severity: 2 Scope: 2	Y 179		
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review on 9/15/09, the facility did not ensure smoke detectors were tested 12	Y 444		

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Y 444	Continued From page 3  out of the past 12 months (September of 2008 to September of 2009).  Severity: 2 Scope: 3	Y 444			

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